EXHIBIT 3

| Case 1:13-md-02419-RWZ | Document 1062-3 | Filed 04/04/14 | Page 2 of 25 |
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| Prescription Order Form 697 Waverly Street, Framingham MA 01702 | | | | | | |
|---|--|---------------------|---|-------------------------------|-------------|--|
| 1 | DATE: 8-1-12 | | | 800.994.6322 X 888.820.058 | 508.820 | .0606. |
| NAME OF BKC Pain | Specialists, LLC, PHONE NUM | BER: | | | | |
| ADDRESS: 105 Delauni | Ce five. HariNO, OH. 430 CONTACT N | AME: Lic | ndseu | P.O |).# <u></u> | <u>. . </u> |
| Name of Patient . | We must have Facility name & address to Name of medication to be | Strength | escription order — Ti If preservative- | hank you. Unit size | #of | Directions |
| See Attached | compounded | (%, mg/ml, u/ml) | free, write in p/f | (mL, , gm) | units | Directions |
| List | Methylprodnisono Acets | te 80mg/m | L PIF | 5mL | 40 | |
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| Physician's Name/Signature: Nikesh Batra DEA Number: BB7730453 | | | | | | |
| • | | ECC Use Only | | | | |
| Verification: Institutional Ag | ent: NECC Agent: _ | ^ | QB: | Date: | | Time: |



New England Compounding Center, Inc. PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

Invoice

| Date | Involce # |
|----------|-----------|
| 8/1/2012 | 224249 |

BIII TO

BKC PAIN SPECIALISTS,LLC
1065 DELAWARE AVENUE
SUITE A
MARION, OH 43302
ATTN: RHONDA BYERLY

Ship To

BKC PAIN SPECIALISTS, LLC
1065 DELAWARE AVENUE
SUITE A
MARION, OH 43302
ATTN: LINDSEY

| P.O. Number | r | Terms | Rep | Ship | Via | F.O.B. | | Account# |
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| | _ | Item Code | | Description | n | Prige E | ach | Amount |
| Quantity | - 1 | METHYL 80/5 PP Shipping Charges | METHYLPRE MG/ML INJE | DNISOLONE AC CTABLE, 5ML | ETATE (PF) 80 | | 20.00 | 20.00 |
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| | | B INVOICE NUMBE | | NT*** | • | Credits | | \$0, |
| | | | | | | Balance | Due | \$820. |



New England Compounding Center, Inc. PO Box 4146 Woburn, MA 01888-4146

Ph. 508-820-0606 Fx. 508-820-1616

Packing Slip

| Date | Involce # |
|----------|-----------|
| 8/1/2012 | 224249 |

Ship To BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A **MARION, OH 43302** ATTN: LINDSEY

| P.O. No. | Ship | Via | FOB | Project |
|------------------------------------|----------|-----------------------|--------------------------|--------------------------------------|
| | 8/1/2012 | FBDBX | | |
| Item Code | • | | Description | |
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HITHANK YOU FOR YOUR ORDER!!!

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P.01/01

TRANSACTION REPORT

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Case 1:13-md-02419-RWZ Document 1062-3 Filed 04/04/14 Page 6 of 25

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Prescription Order Form

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| 697 | Waverly Street, Framingham MA 01703 |
| | 800.994.6322, 508.820.0606. |

FAX 888.820.0583 or 508.820.1616

| NAME OF BKC Pain S | Specialists. LLC. PHONE NUM | BER: | 140) 387- | 724le | | |
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| ADDRESS: 105 Delaurate | 2 Pric. Hatibn, 0H. 4330 CONTACT N. We must have Facility name & address to | AME: Lic | rdsey | P.O |).#: | |
| Name of Patient See AH ached | Name of medication to be compounded | Strength (%, mg/ml, u/ml) | If preservative- | Unit size (mL, . gm) | # of units | Directions |
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| Physician's Name/Signature:_ | Nikesh Batra | | | DEA I | Vumber:_ | BB7730953 |
| Verification: Institutional Age | For Nent: NECC Agent: _ | ECC Use Only | | Date: | | _Time: |
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New England Compounding Center, Inc. PO Box 4146

Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

Invoice

| Date | Invoice # |
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| 9/12/2012 | 228909 |

BIII TO

BKC PAIN SPECIALISTS, LLC
1065 DELAWARE AVENUE
SUITE A
MARION, OH 43302
ATTN; BOBBI JO LINES

Ship To

BKC PAIN SPECIALISTS, LLC
1065 DBLAWARE AVENUE
SUITE A
MARION, OH 49302
ATTN; LINDSEY

| P.O. Number | Terms | Rep | Shlp | Via | | F.O.B. | | Account | # |
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<u>Ś.</u>

New England Compounding Center, Inc. PO Box 4146 Woburn, MA 01888-4146 Ph. 508-820-0606

Fx. 508-820-1616

PLEASE PLACE INVOICE NUMBER ON PAYMENT

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| Date | Involce # |
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| 9/12/2012 | 228909 |

Ship To

BKC PAIN SPECIALISTS, LLC

1065 DELAWARE AVENUE
SUITE A

MARION, OH 43302
ATTN; LINDSEY

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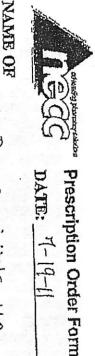
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Prescription Order Form

FACILITY: BKC Pain Specialists LLC ADDRESS: 1065 Delaware Ave. Ste. A Marion 1911 4330 2 PHONE NUMBER: (140) 387- 7246

P.O. #:

We must have Facility name & address to process your prescription order - Thank you.

Strength . If preservative-

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Name of medication to be

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Name of Patient

697 Waverly Street, Framingham MA 01702 FAX 888.829.0583 or 508.820.1616 800.994.6322, 508.820.0606.

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PROCEDURE LOG

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- Dr. Katabay
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- Lindsey Lovett Kellie Jo Bell

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- 7. Rhonda Byerly 8. Tim Thacker, CRNA

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PROCEDURE LOG

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- Dr. Katabay 2.
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- 7. Rhonda Byerly
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New England Compounding Center, Inc. PO Box 4146 Woburn, MA 01888-4146 Ph. 508-820-0606 Fx. 508-820-1616

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SALE

Total;

\$1,050.00

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Exp. Date:

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Name:

BKC PAIN SPECIALISTS, LLC

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Thank you for your business

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New England Compounding Center, Inc. PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

Packing Slip

| Date | Invoice # |
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| 7/26/2011 | 184816 |

Ship To

BKC PAIN SPECIALISTS, LLC
1065 DELAWARE AVENUE
SUITE A
MARION, OH 43302
ATTN: LINDSEY

| | P.O. No. | Ship | Via | FOB | Project ' |
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ITHANK YOU FOR YOUR ORDER!!!

PLEASE PLACE INVOICE NUMBER ON PAYMENT



New England Compounding Center, Inc. PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

Invoice

| Date | invoice # |
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| 7/26/2011 . | 184816 |

BIII TO

BKC PAIN SPECIALISTS,LLC
1065 DELAWARE AVENUE
SUITE A
MARION, OH 43302
ATTN: RHONDA BYERLY

Ship To

BKC PAIN SPECIALISTS, LLC
1065 DELAWARE AVENUB
SUITE A
MARION, OH 43302
ATTN: LINDSEY

| P.O. Number | Terms | Rep | Shlp | Via | F | .о.в. | | Account# |
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Prescription Order Form

697 Wavedy Street, Framingham MA. 01702 800.994.6322, 508.820.0606. FAX 888.820.0583 or 508.820.1616

COLUMN CONTRACTOR CONT

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JHEL 138 (OHL) PHONE NUMBER: RACTUTY: BKC Pain Specialists NAME OF

ADDRESS: ING Delaware Mr. St. A Mannath 430 2.0.#.

| We must have Facility nam | We must have Facility name & address to process your prescription order – Thank you. | rescription | order - Than | k you. | | * |
|--|--|---------------------------|--|----------------------|--------------|-------------------------------------|
| Name of Patient | Name of medication to be compounded | Strength (%, mg/ml, | If preservative- free, write in plf | Vial size · (mls) | #of vials | Sig. |
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| Physician's Name/Signature: Verification: Institutional Agent | Agent Niksh Botro MD Agent. | MD | | DEA Nue | nber | DEA Number. BB773095 Date. Time: |

PROCEDURE LOG

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| PATIENT NAME | PROCEDURE | STAFF | MRADCM2 | FLUORO TIME |
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| | Dr. Batra |

- 2. Dr. Katabay
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PROCEDURE LOG

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- Dr. Katabay
 Dr. Chowdhury
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- 5. Kellie Jo Bell

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New England Compounding Center, Inc. PO Box 4146 Weburn, MA 01888-4146 Ph. 508-820-0606 Fx. 508-820-1616

11/15/2011

SALE Total: \$820.00

Mastercard

Exp. Date: xx/xx

Name: BKC PAIN SPECIALISTS,LLC

Auth. Code: 415193 QuickBooks Trans. No:

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Trans. ID: MA0112611180 Merchant No.: 5247710000930546

Thank you for your business



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New England Compounding Center, Inc.

Woburn, MA 01888-4146 Ph, 508-820-0606

Invoice

| Date | Involce # | |
|------------|-----------|--|
| 11/15/2011 | 195732 | |

BIII To BKC PAIN SPECIALISTS,LLC. 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: RHONDA BYERLY

Ship To BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

Credits

Balance Due

| P.O. Number | Terms | Rep | Ship | Via | F.O.B. | | Account# |
|------------------|------------------|------------|---------------|---------------|----------|----------|--------------|
| | Net 30 | JK | 11/15/2011 | FEDEX | | <u> </u> | |
| Quantity | Item Gode | | Description | n | Price Ea | ch | Amount |
| | METHYL 80/5 PF | METHYLPRI | EDNISOLONE AC | ETATE (PF) 80 | | 20,00 | 800,00 |
| 40 | ١, | MG/ML INJE | CTABLE, 5ML | | 1 | 20,00 | 20.00 |
| 1 | Shipping Charges | | | | | | |
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| UPITANIK VOTI BO | OR YOUR ORDER! | | | | Total | | \$820. |

PLEASE PLACE INVOICE NUMBER ON PAYMENT

\$-820.00

\$0.00



New England Compounding Center, Inc. PO Box 4146 Woburn, MA 01888-4146 Ph. 508-820-0606 Fx. 508-820-1616

Packing Slip

| Date | Invoice # |
|------------|-----------|
| 11/15/2011 | 195732 |

Project

Ship To BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A **MARION, OH 43302** ATTN: LINDSEY

| | P.O. No. | Ship | Vla | FOB | Project |
|----------|------------------------------------|------------|----------------|-------------------------|----------------|
| | | 11/15/2011 | FEDEX | , | |
| Quantity | Item Code | | | Description | |
| 40 1 | METHYL 80/5 PF Shipping Charges | METHY | PREDNISOLONE A | ACETATE (PF) 80 MG/ML I | njectable, 5ML |
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PLEASE PLACE INVOICE NUMBER ON PAYMENT

HTHANK YOU FOR YOUR ORDER!!!

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Prescription Order Form

DATE: 11-14-11

697 Waverly Street, Framingham MA 01702 800.994.6322, 508.820.0606. FAX 888,820.0583 or 508.820.1616

| NAME OF FACILITY: BKC Pain | Specialists LLC. | P | HONE NU | MBER: (7 | (40) 38° | 7- 72 | 146 |
|--|--|------------|------------------------------------|--|--------------------|---------------|----------|
| ADDRESS: /// Delow We must have Facility no | are Ave. Ste. A Mai | 101,6H. 43 | 30 24.0. # | <u> </u> | | | |
| Name of Patient See Attached | Name of medication to compounded | | Strength (%, mg/ml, u/ml) | If preservative- free, write in p/f | Vial size (mls) | # of vials | Sig: |
| | Methylprednisone | Aretade | 80mg/mL | PIF | 5mL | 40 | |
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| Physician's Name/Sign | | | | | | | BB773095 |
| Verification: Institutional | Agent | _ NECC A | gent: | α | ate: | | _Time: |
| V113006 | | | | | | | |

New England Compounding Center, Inc. PO Box 4146 Woburn, MA 01888-4146 Ph. 508-820-0606 Fx. 508-820-1616

02/06/2012

Total:

\$820.00

SALE

REDACTED

Mastercard Exp. Date:

xx/xx

Name:

BKC PAIN SPECIALISTS, LLC

Auth. Code:

616012

QuickBooks Trans. No:

Trans, ID:

ME0093034911

Merchant No.:

5247710000930545

Thank you for your business

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| FAX | (TX) | | • | | | | |
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